



# ALABAMA STATE BOARD OF COSMETOLOGY

RSA Union Building  
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Toll Free: 1-800-815-7453 • Fax: 334-242-1926  
Web Site: [www.aboc.state.al.us](http://www.aboc.state.al.us)

**ON-LINE RENEWAL  
AVAILABLE AT  
[www.aboc.state.al.us](http://www.aboc.state.al.us)**

## PERSONAL LICENSE RENEWAL 2007-2009

### REQUIREMENTS

#### COMPLETELY FILL OUT THIS APPLICATION FOR PERSONAL RENEWAL OR SHAMPOO ASST

1. Active -- \$80 Fee; Inactive -- \$35 Fee; Shampoo Assistant -- \$40 fee
2. Current results of TB skin/X-ray (less than 1 year ago)/not necessary for inactive renewals

#### ABSOLUTELY NO PERSONAL CHECKS ACCEPTED

#### SEND MONEY ORDER, CASHIER'S/CERTIFIED CHECK OR SALON CHECK ONLY

Master and Instructor renewals require proof of sixteen (16) hours of Continuing Education

Check here \_\_\_\_\_ for Masters not completing continuing education; Downgrade to Manager

Name Changes require proof (copy of marriage/divorce certificate, driver's license or SS card, etc.)

*Application must be received in office by last day of birth month; a \$25.00 late fee will be due if received after this date. THIS OFFICE IS NOT RESPONSIBLE FOR MAIL DELIVERY.*

Name \_\_\_\_\_ Record ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street city state zip

Home mailing address if different \_\_\_\_\_  
street city state zip

Phone: (\_\_\_\_) \_\_\_\_\_ S/S# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_ (Check here if not employed) \_\_\_\_\_

### OFFICIAL TB SKIN/X-RAY CERTIFICATE

*Results of test must be no more than one (1) year old when received at the Board Office. If test is positive, a physician's statement must accompany this certificate.*

Applicant \_\_\_\_\_ Social Security # \_\_\_\_\_

Skin Test/Chest X-Ray: Negative ( ) Positive ( )

Signature of Official Conducting Test \_\_\_\_\_ Title \_\_\_\_\_ Test Date \_\_\_\_\_

### ABOC USE ONLY

Ck# \_\_\_\_\_ Py Type \_\_\_\_\_

Fee \_\_\_\_\_ Lt Chg \_\_\_\_\_ Total \_\_\_\_\_ Date \_\_\_\_\_

ACCT date \_\_\_\_\_ By \_\_\_\_\_

Date proc/ret \_\_\_\_\_ By \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all the above information is true and correct.

Signature of Licensee \_\_\_\_\_

Date \_\_\_\_\_

Revised 11/06. Supersedes all previous forms Form PR1